**Reclassification Request Form California**

**Employee Information
 Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Proposed Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_**

**Current Position Details
 (List current job duties and responsibilities.)**

**Proposed Position Details
 (List the new responsibilities and required skills for the requested reclassification.)**

**Justification for Reclassification
 (Explain the need for this reclassification, including workload changes, skills acquired, or business needs.)**

| **Current Role** | **New Role** | **Proposed Salary Adjustment** | **Approval Status** |
| --- | --- | --- | --- |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |
|  |  |  | **☐ Approved ☐ Denied** |

**Supervisor’s Recommendation
 ☐ Strongly Recommend
 ☐ Recommend
 ☐ Do Not Recommend**

**Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Human Resources Department Review
 ☐ Approved ☐ Denied
 HR Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date: \_\_\_\_\_\_\_\_\_\_\_\_**